

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**NOV 15 1937**

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph (No. \_\_\_\_\_)

Registration District No. 85  
Primary Registration District No. 100  
State Hospital #2.

File No. 37216  
Registered No. 1192  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James F. Ware (James F. Ware.)

(a) Residence, No. Garden Co. St. \_\_\_\_\_ Ward \_\_\_\_\_ Kansas City, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Craig Ware  
Mrs. J. F. Ware  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. of ..... min.  
26 61 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

FATHER 13. NAME William Ware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mo.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe, Mo. DATE Oct. 28, 1937

19. UNDERTAKER (ADDRESS) Walter Mauchobler  
1302 Faron St., St. Joseph, Mo.

20. FILED 1028 1937 H. J. Stebbins  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937 to Oct 27 1937

I last saw him alive on Oct 27 1937 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: 82a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) E. E. O. Long M. D.  
(Address) State Hosp. no 2

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1955

MAR 15 1955